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FEE TRANSMITTAL For FY 2009  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 130.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 02:2448 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  V Charge fee(s) indicated below Credit and under 37 CFR 1.13 and 1.17  WARNING: Including 37 CFR 1.15 and 1.17  Application Type 33 165  Fee (3)	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
FIOR FY 2009				Anniigation Niu	Application Number		10/573,047 Conf. No.: 5344	
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (\$) 130.00   Attomey Docket No.   2611-0257PUS1	FEEIK	Filing Date		March 22, 2006				
Art Unit   2613   Attorney Docket No.   2611-0257PUS1	For FY 2009			First Named In	ventor	Hiroaki MUKAI		
METHOD OF PAYMENT (check all that apply)	Applicant deline and Heather Co. 27 CFD 4 27			Examiner Nam	ne Dzuno D. TRAN			
METHOD OF PAYMENT (check all that apply)				Art Unit	Art Unit 2613			
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number: 02-2448   Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	TOTAL AMOUNT OF PAY	Attorney Docke	et No.	2611-0257PUS1				
For the above-identified deposit account Number: 02-2448  For the above-identified deposit account, the Director is hereby authorized to: (check all that appty)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s) indicated below, except for free filling fee   Charge fee(s) information about not be included below, except for filling fee   Charge fee(s) information about not be included below, except for filling fee   Charge fee(s) information about not be included below, except for the filling fee   Charge fee(s) information about not be includ	METHOD OF PAYMENT (check all that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge fee(s)   Charge f	Check Credit Card Money Order Other (please identify):							
Charge fee(s) indicated below.  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Credit any overpayments  Credit any overpayments  WARNING: Information on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  FILING FEES  Small Entity  Fee (5)								
Charge any additional fee(s) or underpayments of fee(s)    WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2098.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) F								
Charge any additional fee(s) or underpayments of fee(s)	Charge fee(s) indicated below Charge fee(s) indicated below except for the filling fee							
WARNING: Information and information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION								
Telephone   Total Claims   Extra Claims   Extra Claims   Every Equilibria   Extra Claims   Every Equilibria   Extra Claims   Every Equilibria	under 37 CFR 1.16 and 1.17  WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   Small Entity   Fee (\$)		on P10-203	8.					
Signature   Fil.ING FEES   Small Entity   Fee (\$)   Fe								
Application Type								
Utility 330 165 540 270 220 110  Design 220 110 100 50 140 70  Plant 220 110 330 165 170 85  Reissue 330 165 540 270 650 325  Provisional 220 110 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues) 52 26  Each independent claims over 3 (including Reissues) 390 195  Total Claims  8 - 20 or HP = 0 x	Application Type		Small Entity	Small Entity		Small Entity	Food Bold (\$)	
Design   220   110   100   50   140   70							rees raid (3)	
Plant   220   110   330   165   170   85	•						·	
Reissue 330 165 540 270 650 325  Provisional 220 110 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  B - 20 or HP = 0 x = 0.00 HP = highest number of total claims paid for, if greater than 20. Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof -100 = 0 /50 = 0 (round up to a whole number) x = Fee Paid (\$)  Very Point Pee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof -100 = 0 /50 = 0 (round up to a whole number) x = Fee Paid (\$)  Other (e.g., Nate filing surcharge): Off-month Extension of Time  Registration No. 40439  Telephone 703-205-8000	_			_				
Provisional 220 110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
2. EXCESS CLAIM FEES Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  8 -20 or HP = 0							<del>1</del>	
Fee Description   Each claim over 20 (including Reissues)   52   26			110	0 0	(	0		
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  8 - 20 or HP = 0 x = 0.00  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  4 - 4 or HP = 0 x = 0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  -100 = 0 /50 = 0 (round up to a whole number) x = Fee (\$) = Fee Paid (\$)  Volter (e.g., Nate filing surcharge): One-month Extension of Time  Registration No. 40439  Registration No. 40439  Telephone 703-205-8000								
Multiple dependent claims  Total Claims  B		including I	Reissues)			52		
Total Claims  8 - 20 or HP = 0 x = 0.00  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  4 - 4 or HP = 0 x = 0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Registration No. 40439  Registration No. 40439  Telephone 703-205-8000							110	
Registration No. Applications   Submitted By    Signature   Sign	•						195	
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  4   - 4 or HP = 0	0 0							
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  -100 = 0								
Total Sheets Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    4. OTHER FEE(S)   Non-English Specification, \$130 fee (no small entity discount)   Other (e.g., Ate filing surcharge): One-month Extension of Time   130.00    SUBMITTED BY   Registration No. (Attorney/Agent)   Telephone 703-205-8000								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., Atte filing surcharge): One-month Extension of Time  Registration No. 40439 (Attorney/Agent)  Telephone 703-205-8000	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Parts Sheets Number of each additional 50 or fraction thereof.							
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Other (e.g., Nate filling surcharge): One-month Extension of Time  130.00  SUBMITTED BY  Signature  Registration No. 40439 (Attorney/Agent)  Telephone 703-205-8000	4. OTHER FEE(S)							
SUBMITTED BY  Registration No. 40439 (Attorney/Agent)  Telephone 703-205-8000								
Registration No. 40439 Telephone 703-205-8000 (Attorney/Agent)		7/	#					
	Signature	Y		Registration No.	40439	Telephor	ne 703-205-8000	
	tober 7, 2010							

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.